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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730129

1. Corporation Name

NORTH FORT MYERS POST NO. 10127 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business
**996 PONDELLA ROAD
NORTH FORT MYERS FL 33903**

Mailing Address
**996 PONDELLA ROAD
NORTH FORT MYERS FL 33903**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/03/1974

4. FEI Number

23-7013119

Applied For
No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

**IPAUEC, ANTHONY
996 PONDELLA RD
N FT MYERS FL 33903**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Anthony Ipauvec **ANTHONY IPAUEC 996 PondeLLa Rd N Ft Myers FL 33903** **4-22-99**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PDC**
STREET ADDRESS **LANIER, ALLEN**
CITY-ST-ZIP **996 PONDELLA ROAD**
N. FT. MYERS FL.

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **POMERLEAU, RAY**
CITY-ST-ZIP **996 POWDELLA RD.**
N FT MYERS FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SEWARD, WAYNE**
CITY-ST-ZIP **996 PONDELLA RD**
N FT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **V.D.**
2.3 STREET ADDRESS **BRUCE COOK**
2.4 CITY-ST-ZIP **996 PondeLLa Rd**
N Ft. Myers FL. 33903

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Allen Lanier* **ALLEN LANIER** **2/15/99** **941-9950230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)